



**TEACHER REGISTRATION FORM (on-line registration preferred)**

PLEASE SEND ONE CHECK FOR YOUR ENTIRE STUDIO Total fees enclosed \$ \_\_\_\_\_  
PAYABLE TO: **Eastern Region NATS** (Please collect fees from your students)  
SEND TO: Dr. Stephen Ng Waiver fee enclosed \$ \_\_\_\_\_  
Swope Music Building  
West Chester University Number of Students \_\_\_\_\_  
817 S. High St.  
West Chester, PA 19383

**ALL REGISTRATION MATERIALS MUST BE POSTMARKED BY FEBRUARY 1, 2012**

Name \_\_\_\_\_ NATS ID# \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ E-mail \_\_\_\_\_

Indicate private studio or name of institution (for announcement at Winners' Concert): \_\_\_\_\_

**STUDENT NAME** **DIVISION** **ACCOMPANIST**  
Accompanists may play for no more than eight students.

STUDENT NAME	DIVISION	ACCOMPANIST
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Please check the divisions you prefer to judge --- *you may not judge a category in which you have students entered*
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> High School – Men         | <input type="checkbox"/> Junior College – Men   | <input type="checkbox"/> Adult – Lower         |
| <input type="checkbox"/> High School – Women       | <input type="checkbox"/> Junior College – Women | <input type="checkbox"/> Adult – Upper         |
| <input type="checkbox"/> Freshman College – Men    | <input type="checkbox"/> Senior College – Men   | <input type="checkbox"/> Music Theater – Lower |
| <input type="checkbox"/> Freshman College – Women  | <input type="checkbox"/> Senior College – Woman | <input type="checkbox"/> Music Theater – Upper |
| <input type="checkbox"/> Sophomore College – Men   | <input type="checkbox"/> Advanced – Lower       |  |
| <input type="checkbox"/> Sophomore College – Women | <input type="checkbox"/> Advanced – Upper       |  |

**I am a NATS member in good standing and I understand that I am expected to assist with the Auditions by judging or in some other capacity.**

\_\_\_\_\_  
(Signature)

**I am not available for judging.** (Complete the request for Judging Waiver) \_\_\_\_\_  
(Signature)



## REQUEST FOR JUDGING WAIVER (on-line registration preferred)

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I wish to be released from my judging responsibilities at the 2012 Eastern Region NATS Student Auditions for the following reasons:

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

I understand that if I do not attend the Auditions, I must supply a qualified substitute judge for that day, or pay the \$50 judging waiver fee, or my students will not be permitted to participate.

\_\_\_\_\_  
(signature)

Name, email and telephone number of replacement adjudicator:

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Return teacher application, student applications, and judging waiver (if necessary) to:

**Dr. Stephen Ng**  
**Swope Music Building**  
**West Chester University**  
**817 S. High St.**  
**West Chester, PA 19383**

**All application materials must be postmarked by February 1, 2012**